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PTO/SB/22 (09-08)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)			Cocket Number (Option	Docket Number (Optional)	
FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) Application Number 10/709,288				133323 Fied 04/27/2004	
			Filed 04/27/2		
For ENVIF	COMMENTAL BARRIER COATING	FOR SILICON-CO	ONTAINING SUBSTRA	ATES AND PROCES	
Art Unit 1775			Examiner Elizabe	eth D. Ivey	
This is a rec	uest under the provisions of 37 CFR 1.13	36(a) to extend the p	eriod for filing a reply in th	e above identified	
application.					
i ne request	ed extension and fee are as follows (che		d and enter the appropria	te tee below):	
	One month (37 CFR 1.17(a)(1))	<u>Fee</u> \$120	\$60	\$	
	Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ 450.00	
	Three months (37 CFR 1.17(a)(3))	\$1020	\$510	•	
	Four months (37 CFR 1.17(a)(4))	\$1590	\$795	5	
	Five months (37 CFR 1.17(a)(5))	<b>\$2160</b>	\$1080	\$	
Applica Applica	nt claims small entity status. See 37 CFR	<b>1.27</b> .			
A chec	k in the amount of the fee is enclosed	đ.			
Payme	ent by credit card. Form PTO-2038 is	attached.			
The Di	rector has already been authorized to	charge fees in thi	s application to a Depo	sit Account.	
The Di	rector is hereby authorized to charge	any fees which ma	av be required or credi	tany overpayment to	
I am the					
	applicant/inventor.				
	applicant/inventor.  assignee of record of the entire Statement under 37 CFR 3				
	assignee of record of the entire	3.73(b) is enclosed	(Form PTO/SB/96).		
	assignee of record of the entity Statement under 37 CFR 3  attorney or agent of record. R  attorney or agent under 37 CI	3.73(b) is enclosed egistration Number 1.34.	(Form PTO/SB/96).		
f	assignee of record of the enti- Statement under 37 CFR 3  attorney or agent of record. R	3.73(b) is enclosed egistration Number 1.34.	(Form PTO/SB/96). r_32701		
£	assignee of record of the entity Statement under 37 CFR 3 attorney or agent of record. Registration number if acting under 37 CFR 3 attorney or agent under 37 CFR 3	3.73(b) is enclosed egistration Number 1.34.	(Form PTO/SB/96). r_32701	uary 7, 2007	
£	assignee of record of the entity Statement under 37 CFR 3 attorney or agent of record. Registration number if acting under 37 CFR 3 attorney or agent under 37 CFR 3	3.73(b) is enclosed egistration Number 1.34.	(Form PTO/SB/96). r_32701 Febr	Date	
_&£	assignee of record of the entity Statement under 37 CFR 3  attorney or agent of record. Registration number if acting under 37 CFR 3  Signature  omenica N.S. Hartman	3.73(b) is enclosed egistration Number 1.34.	(Form PTO/SB/96). r_32701 Febr		
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p. 1 (219) 464-1166 Hartman & Hartman, P.C. HARTMAN AND HARTMAN, P.C. Feb 27 2007 7: 19PM INTELLECTUAL PROPERTY ATTORNEYS TEL:(219)462-4999 FAX:(219)464-1166 552 EAST 700 NORTH VALPARAISO, INDIANA USA 46383-9729 GARY M. HARTMAN DOMENICA N.S. HARTMAN February 27, 2007 . Also Admitted to Practice in Michigan FAX#(571)273-6500 Office of Finance - Refund Branch Commissioner of Patents P. O. Box 1450 Alexandria, VA 22313-1450 Refund of Charge to Deposit Account 08-0960 The following amount was charged to our deposit account 08-0960 twice in error: Amount \$450.00 \$450.00 SM 1252 133323 This fee is for a two month extension and should only be charged once. Please credit the Date 02/09/07 duplicate charge of \$450.00 to our Deposit Account No. 08-0960. 02/09/07 Please feel free to contact the undersigned with any questions. Thank you. Domenica N.S. Hartman The information contained in this facsimile message is privileged or confidential information to be used only for the purposes intended by the individual or entity named above. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering it to the message is not me microso recipient, or me employee or agent responsible for delivering it to this intended recipient, you are hereby notified that any dissemination, distribution or copying of this intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is neither allowed nor intended. If you have received this communication in error, please immediately notify us by telephone at the number specified above, and return the original message to us at the above address via the United States Postal Service. Postage will be reimbursed Page 1 of 2 upon request. Attachments: Deposit Account Statement

A PARTY

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## Deposit Account Statement

Requested Statement Month: Deposit Account Number: Name:

Attention: Address:

City:

State: ZIp: Country: February 2007

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HARTMAN & HARTMAN PC DOMENICA N.S. HARTMAN

552 EAST 700 NORTH

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